

<b>Case Number:</b>	CM15-0171835		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/26/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old male, who sustained an industrial injury on 05-26-2014. He has reported subsequent mid, low back and left shoulder pain and was diagnosed with thoracic spine myofascial pain syndrome, lumbosacral musculoligamentous strain-sprain with radiculitis, L5-S1 retrolisthesis with annular tear and status post left shoulder sprain-strain. Nerve conduction study-electromyography of the lower extremities was normal. Treatment to date has included oral and topical pain medication, trigger point injections, chiropractic treatment, physical therapy and acupuncture, Chiropractic therapy, trigger point injections and physical therapy were noted to have helped to relieve pain and increase function. Three physical therapy progress dated 02-20-2015, 03-05-2015 and 03-18-2015 were included for review and these were noted to be visit #'s 10, 11 and 12. Pain levels were documented at 4 out of 10 during these visits. Treatments were noted to be tolerated well. There was no documentation as to any improvements in pain or function in the physical therapy notes. The injured worker was also noted to have had physical therapy back in 2014 although the exact number of visits received is uncertain. In a progress note dated 07-28-2015 the injured worker reported 3 out of 10 pain in the mid to upper back and low back that had remained unchanged since the previous visit. Objective examination findings of the thoracic spine showed grade 3-4 tenderness to palpation over the paraspinal muscles which had increased from grade 3 on the last visit, 3-4 palpable spasm which had increased from 3 on the last visit, restricted range of motion, trigger points and findings of the lumbar spine showed grade 3 tenderness to palpation over the paraspinal muscles which was unchanged and 3-4 palpable spasm which had increased from 3, restricted range of motion,

bilateral positive straight leg raise and trigger points. The physician noted that the injured worker stated that physical therapy helped to decrease pain and tenderness and improve function and activities of daily living. Work status was documented as temporarily totally disabled. A request for authorization of physical therapy evaluation and treatment x 12 for the thoracic, lumbar and left shoulder was submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy evaluation and treatment x 12 for the thoracic, lumbar and left shoulder:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy evaluation and treatment times 12 to lumbar spine, thoracic spine and left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic spine myofascial pain syndrome; lumbosacral musculoligamentous sprain strain with radiculitis; L5-S1 retrolisthesis annular tear; and status post left shoulder sprain strain, resolved with treatment. Date of injury is May 26, 2014. Request for authorization is August 17, 2015. According to utilization determination report, the injured worker received physical therapy, chiropractic treatment and acupuncture sessions. The documentation indicates the injured worker received 24 physical therapy sessions. According to the most recent progress note dated July 28, 2015 subjective complaints include mid and upper and lower back pain 3/10. There are no subjective shoulder complaints. Objectively, there is tenderness to palpation over the paraspinal muscle groups, spasm and trigger points noted. There is positive straight leg raising. There are no objective findings of the left shoulder. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, no subjective complaints or objective clinical findings of the shoulder and a diagnosis that indicates left shoulder sprain strain resolved with treatment, physical therapy evaluation and treatment times 12 to lumbar spine, thoracic spine and left shoulder is not medically necessary.